

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Citizens For Strength And Security PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488429	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Switchboard</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 1725 Eye Street, NW S900			Amount <b>34278.00</b>		
City Washington	State DC	Zip Code 20006	Transaction ID : <b>SE.4305</b>		
Purpose of Expenditure Digital Advertising (Stand NV: 11/2/16 - 11/8/16)		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>46278.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Switchboard</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 1725 Eye Street, NW S900			Amount <b>25722.00</b>		
City Washington	State DC	Zip Code 20006	Transaction ID : <b>SE.4306</b>		
Purpose of Expenditure Digital Advertising (Stand NH: 11/2/16-11/8/16)		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>72000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>60000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Haggard, Lora, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 03 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Citizens For Strength And Security PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488429	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Switchboard</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 1725 Eye Street, NW S900			Amount <b>35000.00</b>		
City Washington	State DC	Zip Code 20006	Transaction ID : <b>SE.4307</b>		
Purpose of Expenditure Digital Advertising (Only: 11/2/16-11/8/16)		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>		
Name of Federal Candidate Heck, Joe, , ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Three Point Media, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 3000 K Street, NW S320			Amount <b>6000.00</b>		
City Washington	State DC	Zip Code 20007	Transaction ID : <b>SE.4290</b>		
Purpose of Expenditure Media Production (Only: 11/2/16-11/8/16)		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>		
Name of Federal Candidate Heck, Joe, , ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>41000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Three Point Media, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 3000 K Street, NW S320			Amount <b>6000.00</b>		
City Washington	State DC	Zip Code 20007	Transaction ID : SE.4291		
Purpose of Expenditure Media Production (Stand NH: 11/2/16-11/8/16)		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>12000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Three Point Media, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 3000 K Street, NW S320			Amount <b>6000.00</b>		
City Washington	State DC	Zip Code 20007	Transaction ID : SE.4292		
Purpose of Expenditure Media Production (Stand NV: 11/2/16 - 11/8/16)		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>6000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>12000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>113000.00</b>

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